

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SIERRA CLUB POLITICAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Friends of Lois Capps

Mailing Address PO Box 23940

City  
Santa BarbaraState  
CAZip Code  
93121Purpose of Disbursement  
Direct ContributionCandidate Name  
LOIS G CAPPESCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: SB23.28148

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	0

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Friends of Mazie Hirono

Mailing Address PO Box 677

City  
HonoluluState  
HIZip Code  
96809Purpose of Disbursement  
Direct ContributionCandidate Name  
MAZIE MRS. HIRONOCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: HI District: 02

Transaction ID: SB23.28150

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	0

Amount of Each Disbursement this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Friends of Phil Hare

Mailing Address 224 18th St.  
PO Box 4183City  
Rock IslandState  
ILZip Code  
61204Purpose of Disbursement  
Direct ContributionCandidate Name  
PHILIP G HARECategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 17

Transaction ID: SB23.28152

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	0

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

3250.00

TOTAL This Period (last page this line number only) .....